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ABSTRACT

This brief paper addresses the referral of students for psychoeducational evaluation of problems with attention control and overactivity, and provides a checklist to assist teachers in the determination of possible hypotheses to consider prior to formal referral. The paper and checklist emphasize the variety of possible causes of attentional and related deficits. Areas covered by the checklist include neurobiological factors, congenital factors, toxins and other environmental agents, brain injury or dysfunction, academic factors, social factors, emotional factors, sensory factors, and other general factors. (DB)

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Is it Attention Deficit Hyperactivity Disorder?

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ABSTRACT

Referrals for psychoeducational evaluations increasingly reflect concerns with attentional difficulties and overactivity. Appropriate diagnosis and intervention/treatment depend on careful consideration of the multiple potential factors related to these concerns. The goal of our presentation is to maximize awareness of factors which should be considered prior to formal referral.

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PROPOSAL

Is it Attention Deficit Hyperactivity Disorder?

Problem Statement

Over the past decade referrals for psychoeducational evaluation have increasingly specified problems with attention and overactivity. Although the awareness that attentional problems can adversely affect the learning process is praiseworthy, confusion exists as to the possible causes of these problems and, thus, to the appropriate diagnosis and treatment.

Objective

It is our aim to provide clarification regarding the multiple potential etiologies of the behaviors typically associated with Attention Deficit Hyperactivity Disorder. In further pursuit of this objective we have devised a checklist which may assist teachers and other direct service providers in the determination of possible hypotheses which should be considered prior to formal referral.

Significance

For the past decade, and particularly within the past five years, referrals specifying problems with attention and overactivity have increased dramatically. This increase has been related, in part, to the greater awareness of the public in general and teachers in particular, to criteria associated with the diagnosis of Attention Deficit Hyperactivity Disorder. While many workshops and media sources have focused on the signs and symptoms of attentional problems, few

have been aimed at the delineation of the multiple etiologies of these deficits. Similarly, there has been little consideration of the differential treatment strategies which may be appropriate when alternative factors are identified.

It is our goal to clarify the possible causes of attentional and related deficits for the ultimate benefit of everyone involved in the identification and treatment process. First, we hope to maximize the awareness of teachers regarding problem etiology in order to increase the use of appropriate in-class interventions on the behalf of students. We believe if this goal is achieved, greater precision will result in the communication among direct service providers regarding symptomology when referrals are made. In turn, greater accuracy on the part of school personnel will result in enhanced communication with parents and physicians and increase the likelihood of appropriate treatment. Second, we hope to minimize the deleterious consequences often associated with incorrect or delayed diagnosis including the continued feelings of hopelessness and frustration which are associated with low self esteem and the reduced likelihood that further interventions or treatments may be attempted.

Realizing that there may be more than a single etiological factor implicated for any given student, we believe that the first and most important step in appropriate diagnosis and intervention is accurate identification of possible causative factors. For the proposed poster session, we shall provide a systematic method for understanding the underlying factors implicated in the attentional difficulties for individual children. To address this goal, we have devised a checklist of possibilities addressing both environmental and biological concerns. Copies of the checklist will be distributed and potential uses will be discussed.

ETIOLOGY OF INATTENTION CHECKLIST

(GAYER, WOODWARD, & DANIEL, 1995)

This checklist is predicated on the assumption that a thorough understanding of etiological elements will lead to more appropriate and effective treatment and that inattention is not always related to neurobiological factors. We realize, however, that often biological and environmental factors occur simultaneously and may interact to influence inattentive behavior. Therefore, although we have listed the factors separately, we realize that they are not mutually exclusive and that some may be appropriately listed under more than one category.

Prior to formal referral to a physician or psychologist, you may find this checklist helpful in considering possible etiological factors. In most cases, it will be appropriate to collaborate with parents or custodians and other teachers or school personnel to complete the checklist. Additionally, onset, duration, and time and settings in which symptoms occur should be noted.

Student: _____ Grade: _____

Date of Birth: _____ School: _____

Age: _____ Date: _____

Respondent(s) and relationship(s) to student: _____

NEUROBIOLOGICAL FACTORS

- ☐ Attentional problems in close relatives (specify relationship{s} and gender) _____
- ☐ Cognitive ability markedly below average
- ☐ Developmental delays (e.g., social, language)
- ☐ Depression, sadness
- ☐ General medical conditions (specify) (e.g., hyper- and hypo-glycemia, chronic pain, asthma, allergies)
- ☐ Tics and/or compulsions

CONGENITAL FACTORS

- ☐ Lengthy labor and/or delivery
- ☐ Low birth weight
- ☐ Perinatal insult (e.g., blue color, forceps)
- ☐ Maternal prenatal substance abuse (e.g., alcohol and other illegal or prescription drugs)
- ☐ Maternally transmitted disease (e.g., HIV and other viral diseases)

TOXINS AND OTHER ENVIRONMENTAL AGENTS

- ☐ Neurotoxin exposure (e.g., lead, industrial emissions, etc.)

- ☐ Infections (e.g., meningitis, otitis media)
- ☐ Student alcohol and/or drug use and abuse (includes prescription, non-prescription, and illegal substances)
- ☐ Excess caffeine or nicotine (specify)

  _____

BRAIN INJURY OR DYSFUNCTION

- ☐ Learning problems in areas such as reading, written expression, mathematics, listening comprehension, and oral expression
- ☐ Traumatic brain injury (specify)

  _____
- ☐ History of concussion or loss of consciousness (specify age and duration)

  _____

ACADEMIC FACTORS

- ☐ Student-teacher conflict
- ☐ Motivational deficits (specify subject area and overt behaviors)

  _____
- ☐ Curriculum-ability mismatch

SOCIAL FACTORS

- ☐ Peer conflict
- ☐ Negative, coercive parenting
- ☐ Financial stressors
- ☐ Foster placement or other out-of-home living arrangements (specify)

  _____
- ☐ Resentment or antagonism towards parents
- ☐ Custody battle(s)
- ☐ Parental discord
- ☐ Inconsistent management/disorganization
- ☐ Child abuse or neglect
- ☐ Death of friend or family member
- ☐ Parental substance abuse
- ☐ Adjustment to other stressful situations (e.g. legal entanglements) (specify)

  _____

EMOTIONAL FACTORS

- ☐ Depression or sadness
- ☐ Anxiety or irritability
- ☐ History of emotional trauma (specify)

SENSORY DEFICITS

- ☐ Vision problems
- ☐ Auditory difficulties

OTHER GENERAL FACTORS

- ☐ Fatigue
- ☐ Possible premenstrual syndrome
- ☐ Health concerns (e.g., fear of pregnancy or sexually transmitted disease)
- ☐ Other (specify)

  _____